

Mississauga Halton LHIN Symptom Management Kit Guidelines

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What is the Mississauga Halton LHIN (MH LHIN) Symptom Management Kit (SMK)?

The Mississauga Halton LHIN Symptom Management Kit (SMK) is a standardized package of medications and related medical supplies provided to a patient who is approaching end-of-life. The purpose of the SMK is to provide relieve of unanticipated or rapidly escalating symptoms at home so that a hospital visit can be prevented. A community nurse authorized by the LHIN and/or a Physician/Nurse Practitioner (NP) can access the Kit. The medication content of the kit is limited to support a short-duration of symptom management (12-24 hours) until further medications can be ordered.

Why order a SMK?

Many patients nearing end-of-life experience increasing symptoms and sometimes the timing of those symptoms is not predictable. Having a SMK on hand ensures that the community nurse has access to a standardized toolkit and instructions that enables a quick and appropriate response to a patient's unanticipated or rapidly escalating symptoms. Currently, the SMK is the only available option for emergency symptom management for in-home patients when the patient's Physician/NP is not immediately available.

The presence of a SMK in the home does not replace the healthcare professional's responsibility for ongoing patient assessment, planning and anticipatory symptom management. Responsible care planning includes that the community nurse communicates a change in status to the physician/NP when the SMK is accessed and that appropriate PRN medications are in place for the patient.

When should the SMK be ordered?

The decision to order a SMK is based on the patient's stage in their disease trajectory, goals of care and overall care plan. The development of the plan should involve the patient, the patient's family, the medical practitioner, the community nurse, and any other members of the patient's care team.

Timing of placement of the SMK requires careful consideration. Placing the SMK in the home prematurely may result in the expiry of the medication. Placing the SMK in the home too late in the patient's disease process could cause delay in the management of his/her symptoms. This may result in an Emergency Room visit or hospital admission.

For example, a kit should be put in place for patients who are approaching the end-of-life phase of their illness (Palliative Performance Scale (PPS) (see Appendix 1) for information), have a PPS of 40% or less or are deteriorating rapidly and or when high symptom burden is expected that may require injectable medications in the home.

Responsibility of the RPN/RN/CC/NP/Physician:

- To identify for potential or sudden changes in symptoms at home that may require an alternative route of medication administration.
- To consult with the care team to determine appropriateness of a SMK in the home (i.e. goals of care, risk factors, and support in the home).

- When a SMK is ordered, delivery of the kit generally occurs within 6-8hrs from receipt of the prescription. Patient/family are required to provide a signature and identification in accordance with Ontario's Narcotic Strategy under the Narcotics Safety and Awareness Act to receive the SMK.

Contraindications to ordering a SMK

A SMK is CONTRAINDICATED for patients at home when:

- The patient's death is imminent. In this scenario specific medications should be ordered for end-of-life care.
- The patient is a child whose weight is such that medications and/or dosages require special consideration.
- The patient is incapable and there is no caregiver in the home who can be responsible for the SMK.
- There is evidence of substance use disorder by the patient and/or family and no effective plan can be implemented to prevent medication misuse.
- There is evidence that the medications in the SMK could be used in ways other than the intended purpose.
- The security of the SMK cannot be guaranteed in the home.

When the SMK is delivered to the home, the nurse will

- Explain purpose of SMK to patient/family.
- Place SMK in secure location, agreed upon by patient/caregiver and document where it is stored.
- ✓ Ensure the SMK is zip-tie sealed. The intactness of seal is to be monitored at each visit

Accessing the SMK

It is appropriate to use the SMK in the following situations:

- The patient has sudden symptoms that cannot be managed at home by the medication already available for the patient.
- It is not possible to access the patient's physician and/or a pharmacy quickly enough to relieve the patient's symptoms through additional prescriptions.
- The symptoms are of such intensity that, without the SMK, a visit to the emergency room/hospital would be required.

When the SMK needs to be accessed the RPN/RN/NP/Physician will:

- Remove documents from exterior pouch of the cardboard box with SMK enclosed
- Break the zip-tie seal of the SMK (Green seal).
- Review external paperwork with the content of the SMK to confirm that contents match orders.
- Place SMK order form into the chart in the home.
- Complete SMK medication count every time the kit is opened AND before giving patient medication.
- Select the most appropriate medication based on the patient's symptom(s).
- Record the amount of remaining medications and vials in the kit on the provided by the nursing agency
- Document any wastage of medications as per organizational policy
- Close SMK box and place new zip-tie
- ✓ If there is a SMK count discrepancy: Report SMK medication discrepancies, as per organizational policy including notification to LHIN and prescriber.

Procedure for the administration of the medications from the SMK

- When the patient displays symptoms that require use of the medications in the SMK, the nurse in the home contacts the physician/NP for discussion. The medication selected is based on the patient's symptom(s). Medication administration is based on the dosage, route and frequency as per the prescription; this is documented in the patient's chart medication administration record (MAR). When a medication is selected the medication order is transcribed to the MAR. This order is followed until any updated orders are received and transcribed to the MAR All previous orders are to be disregarded.
- If the nurse is unable to contact the physician/NP, the nurse administers the medication, based on the indication provided within the order (see the above steps for when the SMK is accessed). The nurse can refer to the clinical guidelines for nurses included (Appendix 3). The nurse informs the physician/NP and Care Coordinator as soon as possible of the change in patient's condition.

- ✓ **The SMK is NOT automatically replenished; care planning to ensure on-going symptom management is essential as the medications in the kit will only provide coverage for 12-24 hours.**
- The utilized medication vial is now part of the treatment plan for the patient, and is not returned into the SMK. Document on the vial count sheet to account for the medication used and how many vials remain in the SMK. Contact the Physician/NP if the medication needs to be replenished.
- When the kit is no longer needed in the home, the nurse instructs the family on how the kit will be disposed. Family members are **NOT** to return the kit to their own pharmacy. The Care Coordinator is to be contacted so that arrangements can be made for pick-up of the SMK/wastage.

Process for administering the Medication:

- The RPN/RN/NP/Physician will utilize the SBAR (Situation, Background, Assessment, Recommendation) communication format to communicate regarding the use of the SMK medication.
- Depending on the presenting symptom, the RPN/RN will select the most appropriate medication from the SMK, and confirm on SMK order set if the medication has an associated order or requires a physician order prior to administration.

If the medication has a signed standard order:

1. Administer the medication as per SMK order set.
2. Call physician/NP to inform of symptom assessment and SMK medication administration.
3. If indicated, request for refill of the medication.

If the medication requires a “one-time” order:

- Contact Physician/NP with symptom assessment and request for medication order.
- Transcribe order to your agency provider order forms.
- Administer medication as per Physician/NP order.
- Physician/NP faxes orders to LHIN to be processed (if necessary).

Once an SMK medication is administered as per the order, the RPN/RN will:

- Document on (MAR) the date, name of medication, dosage, time medication was given and its efficacy.
- Remaining medication in vial can be drawn up and these pre-filled syringes must be labelled. Use blank labels provided in SMK. Label must indicate the name of the patient and medication, dose, route, frequency of administration and date it was drawn up. The practice of leaving unlabeled, pre-drawn syringes in a labeled cup is unsafe.
- Record pre-drawn medication on Service Provider Organization pre-drawn medication record.
- Complete the SMK vial count record.

- Re-secure SMK with coloured zip-tie provided by the LHIN
- Provide patient/caregiver with education on the use of the injectable medication

**** Zip Ties**

Please note each Service provider agencies will be provided with individual agency based colored zip ties that is to be used to reseal the SMK when accessed. These Zip ties will be provided to the SPO agencies paid for by the MH LHIN. The RPN/RN is responsible for having these zip ties with them when a SMK kit is accessed to ensure that the SMK kit could be resealed.

Also an extra green zip tie that has a serial number will be provided in the Kit. After the patient has died or moved to PCU/Hospice and the final count is completed please reseal the kit with this green serial numbered zip tie.

Disposal of the Kit & of Unused Medications

The SMK is for the designated patient *only*. Contents may not be used by anyone else. Both Legislation (*The Pharmacy Act*) and the Standards of Practice for Pharmacists require that any medications and/or supplies remaining in the kit, that have been ordered for a patient as part of the SMK must be disposed of to be destroyed after the designated patient no longer needs it (i.e. after the patient has died).

Patient Dies or Is Transferred to Another Setting (e.g. Hospice)

- If patient is transferred to a Residential Hospice setting, the SMK is *NOT* to be transferred with the patient.
- If patient dies at home or in hospital or is transferred to another setting (e.g., CVH Palliative Care Unit) LHIN Care Coordinator is to be notified by the nurse so arrangements can be made for pick-up of the SMK/wastage.
- The nurse is to ensure that a copy of agency specific vial count sheet is sent to the LHIN when the file is closed.
- Please use the extra serial numbered green zip tie provided in the kit to seal the kit when the final count is done and the kit is ready to be picked up.
- Upon receiving the unused medications and/or supplies, Bayshore pharmacy will dispose of medications in accordance with their policy

Unused medications and supplies cannot be used for another patient. The SMK is not under the pharmacy control once it is in the home. Neither the pharmacy nor the community health professional can guarantee that the kit has been maintained in perfect condition; e.g. it may have been stored at the wrong temperature, or in less than sterile conditions. Ensuring patient safety outweighs the relatively small financial loss incurred by discarding unused medications.

Content

There are four physical components to the SMK:

1. *Storage container*
2. *Drugs and Medications*
3. *Supplies and Other Kit Contents*
4. *Documents (medication quick reference guide)*

1) *Storage Container*

The SMK medications will be in a “Black Box”. The Patient’s name and the date when the first medication in the kit will expire are posted on the outside of the container. A sticker on the outside of the box will state that the box of medication is property of Bayshore and is returned to them.

2) *Drugs and Medications*

The SMK Prescription is a form listing a standardized set of pre-printed orders (medications, dosages, routes and frequency) that will be specific to an individual patient. When completed and signed by the physician/NP that order set can only be used for that specific patient.

The list contains a choice of three opioid concentrations. The physician/NP will order one of those opioids and select the concentration based on the patient's previous opioid dosing or lack thereof, i.e. the opioid-naïve patient.

3) **Documents - Medication Quick Reference Guide**

The Medication Quick Reference Guide included in this document (see Appendix 3) provides information on each medication contained in the kit and indications for administration.

If a nurse is concerned about his/her ability to assess a symptom and to evaluate the indication for a specific medication, it is recommended to not administer the medication and to contact their supervisor for advice. All nurses are accountable for their own decisions and actions and for maintaining competence in their practice (College of Nurses of Ontario guiding principles).

Turnaround time to delivery or pick-up

It is important to **anticipate** the needs of the patient and to place the SMK in the patient's home in a timely manner. All completed paperwork and prescriptions must be received before the pharmacy can process a request for an SMK.

There should not be a substantial delay between ordering the kit and providing the kit. Medications are available through LU codes.

Appendix 1: Palliative Performance Scale



Victoria Hospice

Palliative Performance Scale (PPSv2) version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

Appendix 2: Symtom Management Kit Prescription/Order Form

Appendix 3: Clinical Guidelines for Nurses – This is not intended to be used as a prescription

Kit is for emergency purposes only - Notify the Physician/NP if any of these symptoms develop. Obtain specific orders for each patient.

These guidelines are based on best practice evidence and are intended to support, not replace, clinical judgement. If you have any concerns regarding administering any of the medications, please contact the ordering physician/NP or your clinical supervisor.

Symptom/ Indication	Medications listed are suggested dose ranges
Dyspnea	Non-Pharmacologic
	Open window, fan-blowing air, and quiet calm atmosphere. Consider oxygen therapy at low flow rate if person is hypoxic.
	Pharmacologic
	<p>If patient is on opioids, give regular breakthrough doses to treat dyspnea.</p> <p><u>If patient is opiate naïve:</u></p> <p>Morphine 1-2 mg sc q1h prn</p> <p>Hydromorphone 0.5–1 mg sc q1h prn *Note: subq dose = ½ short-acting oral dose</p> <p><i>For any refractory symptoms of dyspnea:</i></p> <p>Midazolam: 1-2 mg sc q1hr PRN – and call MRP for further instructions.</p> <p>COPD Considerations: Ensure bronchodilators and other concomitant therapies are maximized for effectiveness. Opioids are safe and effective so long as initiated with low doses and less frequently.</p> <p>Heart Failure (HF) Considerations: Optimize HF treatments, including diuretics. Exclude reversible causes such as airway infection, pericardial or pleural effusions based on goals of care.</p>
Agitation/ Delirium	<p>Identify all possible causes – rectal impaction, urinary retention, an increase in pain, medications (opioids/steroids), metabolic causes (diabetes, hypercalcemia), dehydration, hypoxia, infection and brain metastases.</p> <p>Treat the cause with consideration of goals of care.</p>
	Non-Pharmacologic

	<p>Explain to the family that the symptoms are caused by the illness, are not within the patient’s control and will fluctuate. Encourage family members to provide gentle, repeated reassurance and avoid arguing with the patient. Provide a quiet calm environment.</p> <p>Pharmacologic</p> <p>Identify the goal of care.</p> <p>The most commonly used medications to treat Delirium are Haloperidol (Haldol) and Methotrimeprazine (Nozinan). Many clinicians may prefer to use Haldol as first line treatment as it is generally less sedating. **Avoid giving Ativan when the patient is agitated and is experiencing delirium.</p> <p>Haloperidol (Haldol) <i>For Mild Delirium:</i> 0.5mg – 1 mg. sc q 4hr PRN <i>For Moderate/Severe Delirium:</i> 2mg sc q1h prn to a max of 3 doses for control, then 2mg sc q 4hr PRN for maintenance. If ineffective, use Nozinan. Please notify MRP of the patient’s status change.</p> <p>Methotrimeprazine (Nozinan) to clear sensorium with some sedation <i>Moderate/Severe Delirium:</i> 12.5mg sc q 4hr PRN and call MRP Ativan: 0.5mg-1mg po q 2hrs PRN. Haldol to be attempted first for anxiety/agitation. Please notify MRP prior to use as this may worsen delirium</p>
<p>Nausea</p>	<p>Non-Pharmacologic:</p> <p>Complete thorough assessment aimed at identifying the cause of the nausea and vomiting.</p> <p>Consider environmental modification to reduce strong smells and use air fresheners if tolerated. Maintain good oral hygiene, especially after episodes of vomiting. Check for thrush.</p> <p>Pharmacologic:</p> <p>Haloperidol (Haldol) 0.5 -1 mg sc q4h prn Olanzapine 5mg SL od PRN</p>
<p>Pain</p>	<p>Non-Pharmacologic:</p> <p>Complete a thorough pain assessment and total use of analgesics in past 24 hours to facilitate orders.</p> <p>Pharmacologic:</p> <p><u>If patient is taking an opioid,</u> consider increasing dose 25% for pain crisis. Nurses to call the Physician/NP to notify of any changes and to obtain orders.</p>

	<p><u>If the person is opioid naïve:</u></p> <p>Morphine 1-2 mg sc q2-4h & 1 mg sc q 30 min PRN or</p> <p>Hydromorphone 0.5 - 1 mg sc q4h & 0.5 mg sc q 30 min PRN.</p>
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Seizure	Non-Pharmacologic
	<p>During a seizure clear the area of hard or sharp objects to prevent injury. Maintain airway by lifting the patient's chin.</p> <p>When seizure is over, position patient in a stable side position (recovery position) until he/she is alert. Keep a calming environment for patient and family.</p>
	Pharmacologic
	<p>Midazolam (Versed) 2.5-5 mg sc q 15mins PRN to a max of 3 doses to treat seizures lasting > 2 min in duration. <i>Notify Physician/NP</i> to obtain further instructions.</p>
Terminal secretions	Non-Pharmacologic:
	<p>Repositioning (move the patient from supine to lateral recumbent with head slightly raised).</p> <p>Periodic mouth care done for comfort.</p> <p>Counsel family that the rattling is normal at this stage.</p>
	Pharmacologic:
	<p>Anti-cholinergic medications are effective in reducing both saliva and mucus production. They can be used to relief symptomatic congestion. Anti-cholinergic medications do not dry up secretions that are already present.</p> <p>Glycopyrrolate 0.2-0.4 mg sc q 4 h prn and call physician to discuss plan.</p>

References:

Cancer Care Ontario. Symptom Assessment and Management Tools. 2017. Retrieved from <https://www.cancercare.on.ca/toolbox/symptools/>

The Pallium Palliative Pocketbook: a peer reviewed, referenced resource. 2nd Cdn ed. Ottawa, Canada:

Revised from the Waterloo Wellington Clinical guide

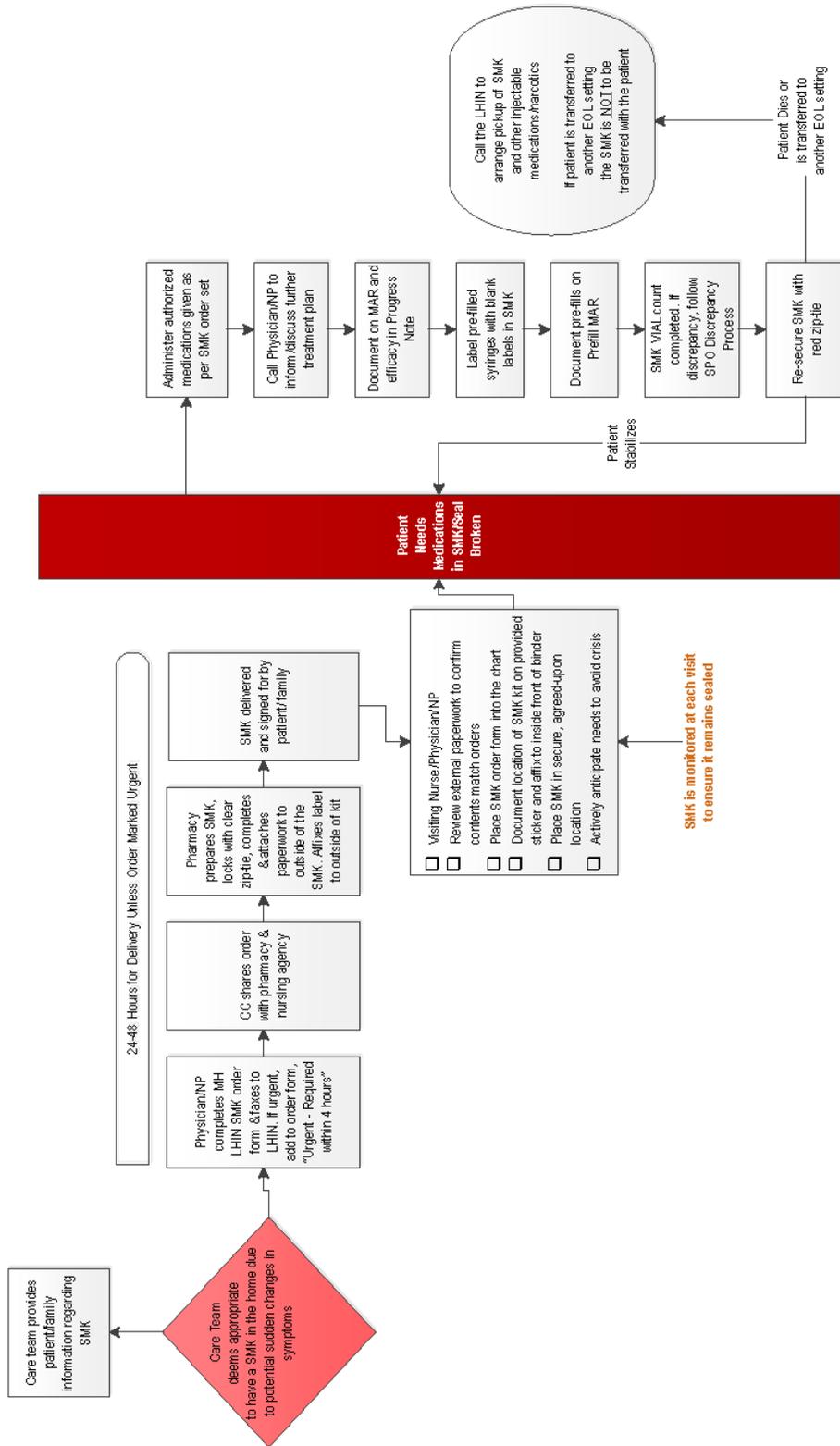
Appendix 4: Patient/Family Information Pamphlet

Common Questions	Responses
What is a Symptom Management Kit (SMK)?	This kit has medications which are ordered by your Physician/Nurse Practitioner (NP). These medications can be used for patients receiving palliative care and who are at the end-of-life stage of their disease.
Why is it necessary?	<p>The Physician/NP or the palliative team feels the contents of the kit are needed in your home in the event that you develop symptoms that are difficult to control.</p> <p>It ensures that medications are available when required to provide relief of symptoms. This avoids unnecessary delays and/or emergency room visits.</p>
What is in it?	The kit contains injectable medications and medical supplies that is ordered by your Physician/NP.
Where does it come from?	The Mississauga Halton Local Health Integration Network (LHIN) will provide the SMK to patients receiving palliative care at home.
Do I have to pick it up?	<p>No. Bayshore Specialty Pharmacy brings the kit to your home in a sealed cardboard box. Please leave the box sealed for your health care team to access.</p> <p>Please have photo ID ready when the box is delivered. The law requires that identification is provided to the pharmacy driver when opioids are delivered to your home.</p>
Do I have to pay for it?	The kit is provided to you at a cost of \$12 This amount includes the \$2.00 Ontario Drug Benefit copay for the six medications within the SMK.
Is it covered under private insurance?	If you have private insurance, the cost of the copay can be submitted manually or by calling Bayshore Specialty Pharmacy 1.844.607.6362 in advance of receiving the SMK.
Will we have to use it?	Not always. Using the kit will depend on your symptoms.

<p>Who can open it?</p>	<p>If required, the community visiting nurse, nurse practitioner or physician may open it.</p> <p>Your nurse will contact your Physician/NP to inform them of your symptoms prior to giving the medication(s).</p> <p><i>Call your community visiting nurse if you have symptoms that are hard to control.</i></p>
<p> Who checks the kit?</p>	<p>The visitng nurse will check the kit when the kit arrives to note:</p> <ul style="list-style-type: none"> • SMK storage location • expiry dates • kit integrity • appropriateness of medication orders
<p> Where should I keep it?</p>	<p>Please store the kit in a cool dry place. Make sure it is out of the reach of children and pets.</p> <p>Keeping the kit in the same place will help your health care team access it quickly if needed.</p>
<p> Disposal of the kit and unused medications</p>	<p>The SMK is for the use of the designated patient only and should not be shared or kept for future use for any other persons.</p> <p>When the SMK is no longer needed, speak to your LHIN Care Coordinator or Health Care Team for no-cost pick-up of the medications and any remaining supplies. Please DO NOT return to your regular pharmacy.</p>
<p> Contact Us</p>	<p>If you have concerns about the safety of the medications within the SMK, please contact your Health Care Team.</p>

Your Health Care Team will be able to help if you need further information about the medications. Please contact your community visiting nurse or LHIN Care Coordinator if you have any questions.

Appendix 5: Patient Flow Chart



SMK is monitored at each visit to ensure it remains sealed

December 2019